



治療授權表 Treatment Authorization Form¹ (CS-002)

第一部份：動物資料 PART I: ANIMAL'S DETAILS

動物名稱 Animal's name:	動物編號 Patient's No.:	晶片號碼 (如適用) AVID (if applicable):
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我是以上動物的主人 (“主人”), 特此授權及指定以下代理人士為正式授權之代理人, 對該動物具有法定或合法的權限 (代理人), 永久有效 / 有效期為 _____ (日期) 至 _____ (日期)。現附上本人簽署的香港身份證副本以供核實身份。I am the owner to the animal stated above and I hereby give authorization to the person(s) stated below as my authorized agent or a person with statutory or lawful authority over the animal (AA) **without** / with the limitation of time from _____ (date) to _____ (date). I hereby attach a signed copy of my HKID Card for verification.

第二部份：Part II:	主人資料 Owner's Details	代理人資料 AA's Details
登記姓名 Registered Name:		
登記電話 Registered Contact:		
香港身份證號碼 (僅用於確認身份) HKID Card No. (for confirmation of identity only):		

第三部份：醫療決定及費用 PART III: MEDICAL DECISIONS & EXPENSES

當本人不在時, 代理人獲我授權負責照顧動物並有權尋求獸醫服務、作出包括住院、治療、檢查等所有醫療決定, 我特此授權代理人開銷治療動物所需的任何金額, 我保證我會承擔所有其開銷的醫療和治療費用。The AA designated above is responsible for the Animal(s) while I am away and s/he is authorized to seek veterinary services and to make all medical decisions regarding veterinary care, including but not limited to hospitalization, all necessary treatments, examinations etc. in my absence. The AA is hereby authorized to incur any amount necessary for the treatment of the Animal(s) and I accept full financial responsibility for all costs incurred thereto.

動物主人簽署 Owner's Signature

代理人簽署 AA's Signature

日期 Date

日期 Date

如本表格的中英文版本有任何不一致或衝突, 概以英文版本為準。如您想參考此表格的英文版本, 請聯繫您主治獸醫或接待員索取副本。Should there be any inconsistency or conflict between the English and Chinese versions of the Agreement, the English version shall prevail. Should you wish to refer to the English version of this form, please contact our receptionist or your attending veterinarian for a copy.